



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Identification Number: 471807001

Annual Report Filing Year: 2021

1.a. Exact name of the limited liability company: SMILEY FIRST LLC

1.b. The exact name of the limited liability company as amended, is: SMILEY FIRST LLC

2a. Location of its principal office:

No. and Street: C/O CORE INVESTMENTS
800 BOYLSTON STREET, 30TH FLOOR
 City or Town: BOSTON State: MA Zip: 02199 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: C/O CORE INVESTMENTS
800 BOYLSTON STREET, 30TH FLOOR
 City or Town: BOSTON State: MA Zip: 02199 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO OPERATE, MANAGE, IMPROVE, REPAIR, RENT, LEASE, OWN, ACQUIRE, SELL, ASSIGN, MORTGAGE, HYPOTHECATE, INVEST, AND OTHERWISE DEAL IN REAL PROPERTY AND ITS APPURTENANCES AND FIXTURES, AND TO DEAL IN DIRECT INTERESTS, LLC INTERESTS, STOCKHOLDER INTERESTS AND JOINT VENTURE INTERESTS WHICH REPRESENT OWNERSHIP IN SUCH PROPERTY AND LOANS, MORTGAGES AND OTHER INSTRUMENTS EVIDENCING DEBT ON REAL PROPERTY. THE LLC SHALL HAVE THE AUTHORITY TO ENGAGE IN ANY OTHER LAWFUL BUSINESS OR ACTIVITY THAT MAY BE CONDUCTED BY A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: DAVID POGORELC
 No. and Street: 699 BOYLSTON STREET
10TH FLOOR
 City or Town: BOSTON State: MA Zip: 02116 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

MANAGER

DAVID J. POGORELC

800 BOYLSTON STREET, 30TH FLOOR
BOSTON, MA 02199 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	DAVID J. POGORELC	800 BOYLSTON STREET, 30TH FLOOR BOSTON, MA 02199 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	DAVID J. POGORELC	800 BOYLSTON STREET, 30TH FLOOR BOSTON, MA 02199 USA

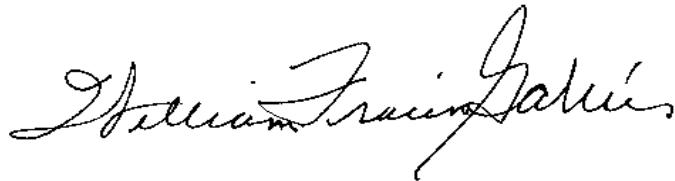
9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 16 Day of August, 2021,
DAVID J. POGORELC , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

August 16, 2021 11:01 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth